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|--|--|--|--|--|--|--|--|----------------------|--|
| LEAVE ERROR NOTICE (USE THIS FORM ONLY TO REPORT ERRORS) | | | | | | DATE _____ | | | |
| NOTE TO TIMEKEEPER: Normally, the third Earnings and Leave Statement you receive after sending Error Notices should show adjustment requested. Advise employee of information on reverse side of form. | | | | | | NAME _____ | | | |
| | | | | | | SS ACCOUNT NO. _____ | | TIMEKEEPER NO. _____ | |
| | | | | | | ERROR OCCURRED IN PAY PERIOD ENDING: _____ | | SPO # _____ | |
| DIVISION OF PAY SERVICES AND PAYROLL ACCOUNTING POST OFFICE BOX 1620 WASHINGTON, D.C. 20013 | | | | | | SENDER: <ul style="list-style-type: none"> Insert your name and address in space provided below. Forward original and one copy through your payroll liaison office. Retain one copy for your file. | | | |

| PP ENDING | ANNUAL LEAVE | | | | | | | | |
|---------------------|----------------------|--------------------|------------|---------|----------|----------|---------------------|-------------------|-------------|
| | USED THIS PAY PERIOD | PRIOR YEAR BALANCE | EARNED YTD | ADV LVE | USED YTD | CURR BAL | PART TIME CARRYOVER | MAXIMUM CARRYOVER | USE OR LOSE |
| OS-340 SHOWS | | | | | | | | | |
| ADM. LV. REC. SHOWS | | | | | | | | | |

| PP ENDING | SICK LEAVE | | | | | | |
|---------------------|----------------------|--------------------|------------|---------|----------|----------|---------------------|
| | USED THIS PAY PERIOD | PRIOR YEAR BALANCE | EARNED YTD | ADV LVE | USED YTD | CURR BAL | PART TIME CARRYOVER |
| OS-340 SHOWS | | | | | | | |
| ADM. LV. REC. SHOWS | | | | | | | |

| PP ENDING | MILITARY | | AWOL/LWOP | | | COMPENSATORY | | OTHER | |
|---------------------|----------------------|----------|----------------------|---------------------|----------|----------------------|-----------|--------|----------------------|
| | USED THIS PAY PERIOD | USED YTD | USED THIS PAY PERIOD | USED SINCE LAST PSI | USED YTD | USED THIS PAY PERIOD | AVAILABLE | * CODE | USED THIS PAY PERIOD |
| OS-340 SHOWS | | | | | | | | | |
| ADM. LV. REC. SHOWS | | | | | | | | | |

| | | |
|---------------------|----------------|------------|
| LATEST SF-50 SHOWS: | | |
| SERVICE COMP. DATE | LEAVE CATEGORY | BASE HOURS |
| | | |

(Fold)

REPLY: *(To be completed by DPSPA)*

Correction will be made in _____ fields.

Correction was made pp ending _____

Correction not made because of insufficient supporting documents:

Amended T & A _____ SF-1150 _____

Administrative Leave Record _____ SF-50 RTD LWOP _____

SF-50 CORRECTION SCD ____/Other (specify) _____

Date Completed _____ Signature _____ Effective Pay Period Ending _____

**SENDER'S NAME
AND MAILING ADDRESS**

INFORMATION TO EMPLOYEE

Title 5 USC 5501 et seq and Executive Order 9397 authorize the collection of the information requested on this form, including the Social Security number. The information you disclose, including your Social Security number, will be used to determine if a leave error exists and to correct the leave error. The information may also be used: a) by a Federal, state or local agency for investigating or prosecuting a violation or potential violation of law; b) by the Office of Personnel Management in carrying out its functions; c) by the Department of Treasury in preparing and issuing employee salary and compensation checks and U.S. Savings Bonds; and d) for other routine uses published in accordance with 5 USC 552a. Your failure to disclose the information requested, including your Social Security number, may result in the leave error not being corrected or brought to the attention of the payroll office.